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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00571372 </div>
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Check if ☐ 24-hour report ☒ 48-hour report ➤
☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Revolution Media Group		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>07 / 10 / 2015</div> </div>	
Mailing Address 1020 Princess St.		Amount <div> <div>Amount</div> <div>20000.00</div> </div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 001 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>07 / 10 / 2015</div> </div>
Purpose of Expenditure Media Placement: Also oppose Hillary Clinton		Category/ Type <div> <div>Category/Type</div> <div>004</div> </div>	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>43500.00</div> </div>		District: _____ State: <u>NH</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

Full Name of Payee Revolution Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2015	
Mailing Address 1020 Princess St		Amount 20000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2015
Purpose of Expenditure Media Placement: Also oppose Hillary Clinton		Category/ Type 004	
Name of Federal Candidate Jeb Bush	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: SC
Calendar Year-To-Date Per Election for Office Sought	20000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; text-align: right;">40000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 5px; text-align: right;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; text-align: right;">40000.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature